



CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

FEE: \$100

License Expires June 30

**PLACE OF AMUSEMENT LICENSE APPLICATION
PARTNERSHIP**

Circle one: New Renewal

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____
First MI Last

Names and Addresses of Partners:

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Name of Manager _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Intended use of facility _____
(be specific, the license is only valid for specific use listed here)

CONTINUE ON SECOND PAGE

TO BE COMPLETED BY FINANCE DEPT.

New _____ Renewal _____

Amount Paid \$ _____

Date Paid _____

City Manager or Designee _____ Date _____

License Number _____

License Issued _____

Owner of Record of premises to be licensed:

Name _____ Title _____
Business Name or First, MI, & Last Name

Address _____
Address City State Zip Code

Have you previously had a Liquor License or a Place of Amusement License revoked for any reason?

Yes _____ No _____ No. If Yes, please explain _____

Have you been convicted of a felony? Yes _____ No _____

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this application are true.
2. That he/she is a partner in the business to be operated under the license applied for hereby.
3. That the above named manager, if any, possesses the same qualifications as are required by law and ordinance of a license.
4. That EACH PARTNER in said business is a resident of the City of Decatur, Illinois; is not indebted to the City of Decatur; and has not been convicted of any offense or violation which would render a person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provisions to receive a license; and has not had a license revoked for cause.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

NOTARY PUBLIC

(Seal)



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#1 GARY K ANDERSON PLAZA
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**PLACE OF AMUSEMENT LICENSE APPLICATION
PARTNER'S STATEMENT**

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Names and Addresses of Partner:

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip Code

Have you previously had a Liquor License or a Place of Amusement License revoked for any reason?

Yes _____ No _____ No. If Yes, please explain _____

Have you been convicted of a felony? Yes _____ No _____

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this application are true.
2. That he/she is a partner in the business to be operated under the license applied for hereby.
3. That the above named manager, if any, possesses the same qualifications as are required by law and ordinance of a license.
4. That EACH PARTNER in said business is a resident of the City of Decatur, Illinois; is not indebted to the City of Decatur; and has not been convicted of any offense or violation which would render a person ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended, and is otherwise eligible under said provisions to receive a license; and has not had a license revoked for cause.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

(Seal)



CITY OF DECATUR
FINANCE DEPARTMENT
#1 GARY K ANDERSON PLAZA
DECATUR IL 62523
LICENSING – (217) 424-2709

PLACE OF AMUSEMENT

MANAGER' STATEMENT

Business Name _____

Doing Business As _____ Phone _____

Business Address _____
Address City State Zip Code

THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH DEPOSES AND SAYS:

1. That the matters and things set out in this statement are true.
2. That the undersigned is Manager of the business operated under the above indicated place of amusement license and of the premises covered thereby.
3. That the undersigned has not been convicted of any offense or violation which would render him/her ineligible to receive a license under the provisions of An Act Relating to Alcoholic Liquors, as amended; and would be eligible for a liquor license under said Act were he/she to apply for such license.

PLEASE PRINT

Manager's Name _____ Phone # _____
First MI Last

Address _____
Address City State Zip Code

Date of Birth _____ Place of Birth _____

Signature _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

(Seal)

PLACE OF AMUSEMENT

Required Information

For Partnership

- 1. Application Filed**
- 2. Fee Paid of \$100**
- 3. Managers Statements**
- 4. Partner's Statement for each Partner**
- 5. Membership List if club (including addresses)**
- 6. Copy of Lease with Expiration Date after current license year**
- 7. Photo ID/s attached for all listed on application**